

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4178

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 4086		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Carroll b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, c. LENGTH OF STAY (in this place) years d. FULL NAME OF HOSPITAL OR INSTITUTION Home Tina, Missouri.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON KEY		a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) KEY		4. DATE OF DEATH March 6th 1950		(Month) (Day) (Year)	
5. SEX M		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH Feb. 27, 1864	
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months X Days 6 Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Mandiville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Key		13b. MOTHER'S MAIDEN NAME Julia Street		14. NAME OF HUSBAND OR WIFE Sarah Hester Key.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Opal Bingham, Tina, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES DUE TO (b) Hypertensive vascular disease DUE TO (c) Coronary heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June, 1949 , to 6 Mar, 1950 , that I last saw the deceased alive on 5 Mar 1950 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. J. Hall (Degree or title) W. Allen, M.D.				23b. ADDRESS Tina, Mo.		23c. DATE SIGNED 7 Mar 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/1950		24c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery		24d. LOCATION (City, town, or county) (State) Tina, Missouri	
DATE REC'D BY LOCAL REG. 3-9-1950		REGISTRAR'S SIGNATURE Mrs Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin		ADDRESS Tina, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 9

District Health Officer No. 8,

District File Number

Date Filed

3-14-50

MAR 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Clifford W. Fushin

Licensed Embalmer No. #3233

P. O. Address *Tina, Missouri.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.